

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042129

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **498**

Primary Registration District No.

Registrar's No. **5**

FILED DEC 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jamesport Twp.		c. CITY OR TOWN Rural Jamesport Twp.	
Length of stay in 1b Yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. NE Jamesport		d. STREET ADDRESS (If outside, give location) 6 Mi. NE Jamesport	
3. NAME OF DECEASED (Type or print) First Mary Middle Gladys Last Truitt		4. DATE OF DEATH Month December Day 1 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Daviess Co. Missouri USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Scott		13b. MOTHER'S MAIDEN NAME Ruth Hampton	
14. NAME OF HUSBAND OR WIFE Harley W. Truitt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Ht. 3 Harley W. Truitt Jamesport, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 17 days 10 gm. 6 gm.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Insufficiency		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Daviess STATE Missouri	
21. I attended the deceased from 1955 to Dec 1-62 and last saw her alive on Dec 1-62 Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Jamesport Mo	
22c. DATE SIGNED 12-3-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-2-1962		23c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery	
23d. LOCATION (City, town, or county) Daviess Co. Missouri		24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.	
25. DATE RECD. BY LOCAL REG. 12-5-1962		26. REGISTRAR'S SIGNATURE [Signature]	

Cremat Recd., 12-5-62
10 A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. L. Richesson

Licensed Embalmer No. 3302
P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.